PAGE 1 / 31

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	AND L For A			Office Use Only			
1. NAME OF COMMITTEE (in	TYPE OR P	RINT ▼		mple: If typing or the lines.	g, type	12FE4M5	
PAM MYHRA	FOR CONGRES	S, INC					
<u> </u>							
ADDRESS (number ar	p.O. BOX	3113					
Check if dir than previo- reported. (A	usly   BURNSVI	LLE				MN	55337
2. <b>FEC IDENTIFIC</b>	CATION NUMBER		CITY			STATE A	ZIP CODE
C C0058926	67		S THIS REPORT	× NEW (N)	OR	AMEND (A)	STATE ▼ DISTRICT  DED  MN  02  □
(a) Quarterly R April 15	Quarterly Report (Q1)	(b) 1	2-Day <b>PRE</b> -	Election Repo Primary (12P) Convention (		General (1	
Octobe	Quarterly Report (Q2) r 15 Quarterly Report (Q3	3)	Election on	M M /	D D /	YYYY	in the State of
X January	31 Year-End Report (YE	(c) 3	0-Day <b>POS</b>	-Election Rep	ort for the:	-	
_			Ш	General (30G	)	Runoff (30	Special (30S)
Termina	ation Report (TER)		Election on	M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	10 / 01		)15	through	M M 12	/ 31 /	Y Y Y Y Y 2015
I certify that I have e	examined this Report an	d to the be	st of my kno	owledge and l	pelief it is tr	ue, correct and	d complete.
Type or Print Name	of Treasurer DIANE Jo	DHNSON					
Signature of Treasure	or DIANE JOHNSON			[Electronically I	Filed] [	Date 01	31 / 2016
	false, erroneous, or inco	mplete inform	mation may s	subject the per	son signing t	this Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 31

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

#### PAM MYHRA FOR CONGRESS, INC

	COLUMN A This Period	COLUMN B Election Cycle-to-Date			
Net Contributions (other than loans)		•			
(a) Total Contributions (other than loans) (from Line 11(e))	36566.98	36566.98			
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00			
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	36566.98	36566.98			
Net Operating Expenditures					
(a) Total Operating Expenditures (from Line 17)	15826.28	15826.28			
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00			
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	15826.28	15826.28			
Cash on Hand at Close of Reporting Period (from Line 27)	20740.70				
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	20377.57				

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 31

0.00

0.00

0.00

36566.98

Write or Type Committee Name

#### PAM MYHRA FOR CONGRESS, INC

12 2015 10 01 2015 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 12150.00 12150.00 (i) Itemized (use Schedule A)..... 22679.00 22679.00 (ii) Unitemized..... (iii) TOTAL of contributions 34829.00 34829.00 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 1737.98 1737.98 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 36566.98 36566.98 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans.....

0.00

0.00

0.00

36566.98

TOTAL LOANS

14. OFFSETS TO OPERATING EXPENDITURES

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

15. OTHER RECEIPTS

(add Lines 13(a) and (b)).....

(Refunds, Rebates, etc.) .....

(Dividends, Interest, etc.).....

(Carry Total to Line 24, page 4).....

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 31

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	15826.28	15826.28
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	man Political Committees		
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	15826.28	15826.28
	III. CASH SUM	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPORT	TING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 16	6, page 3)	36566.98
25.	SUBTOTAL (add Line 23 and Line 24)		36566.98
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	ı Line 22)	15826.28
	CASH ON HAND AT CLOSE OF REPORTING	PERIOD	20740.70

### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF 31 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) BARBARA ANDERSON Date of Receipt Mailing Address 11412 MISSISSIPPI DR N 2015 31 City State Zip Code Transaction ID: SA11AI.5563 MN 55316 **CHAMPLIN** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation **HOMEMAKER HOMEMAKER** Receipt For: 2016 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) ROBERT COOPER Date of Receipt Mailing Address 4556 N VILLA RIDGE WAY 21 2015 Citv State Zip Code Transaction ID: SA11AI.5025 **BOISE** ID 83703 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation **PHYSICIAN** SELF EMPLOYED Receipt For: 2016 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) MATTHEW DAY Date of Receipt Mailing Address 13021 CIRCLE DR 2015 06 City Zip Code State Transaction ID: SA11AI.4108 MN BURNSVILLE 55337 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation WELLS FARGO **UNDERWRITER** Receipt For: 2016 Election Cycle-to-Date Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 6 OF 31 Use separate schedule(s) (check only one) 11a 11d 11b 11c Detailed Summary Page 12 13a 13b 14

for each category of the ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) JULIE FRANCIS Date of Receipt Mailing Address 3331 W 220TH ST 10 2015 24 City State Zip Code Transaction ID: SA11AI.4182 MN 55352 **JORDAN** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation **HOMEMAKER HOMEMAKER** Receipt For: 2016 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) ROBERT HATCH Date of Receipt Mailing Address 601 W 55TH ST 30 2015 11 Citv State Zip Code Transaction ID: SA11AI.4384 KANSAS CITY MO 64113 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation CEO **CEREAL INGREDIENTS** Receipt For: 2016 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) TATNALL HILLMAN Date of Receipt Mailing Address 504 W BLEEKER ST 2015 12 11 City State Zip Code Transaction ID: SA11AI.4231 CO **ASPEN** 81611 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2700.00 Name of Employer Occupation RETIRED **RETIRED** Receipt For: 2016 Election Cycle-to-Date | Y Primary General 2700.00 Other (specify) 3950.00

SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the Detailed Summary Page (check only one)

FOR		NUI	MBEK:	FAGL	,	Oi	J I
(chec	k only	or	ne)				
X	11a [		11b	11c	11	d	
	12		13a	13b	14	. [	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) ARTHUR HILSINGER Date of Receipt Mailing Address 8 JACKSON POND RD 2015 22 City State Zip Code Transaction ID: SA11AI.5233 MA 02026 **DEDHAM** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation **RETIRED** RETIRED Receipt For: 2016 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) ANDREW HOLLENBECK Date of Receipt Mailing Address 10607 YOSEMITE RD 10 04 2015 Citv State Zip Code Transaction ID: SA11AI.4100 **BLOOMINGTON** MN 55437 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation TECHNICAL SPECIALIST THOMSON REUTERS Receipt For: 2016 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) PAUL HUSBY Date of Receipt Mailing Address 80 LA BARRANCA DR 2015 12 04 City State Zip Code Transaction ID: SA11AI.4602 ΑZ **SEDONA** 86351 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation RETIRED **RETIRED** Receipt For: 2016 Election Cycle-to-Date | Y Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 8 OF 31 Use separate schedule(s) (check only one) 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

for each category of the ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) DAVID KEYSTON Date of Receipt Mailing Address PO BOX 7066 2015 22 City State Zip Code Transaction ID: SA11AI.5235 CA 93921 CARMEL FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation **RETIRED** RETIRED Receipt For: 2016 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) ALICE KONZE Date of Receipt Mailing Address 7318 RIVERHILL RD 14 2015 Citv State Zip Code Transaction ID: SA11AI.4799 **OXON HILL** MD 20745 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation **UNEMPLOYED UNEMPLOYED** Receipt For: 2016 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) MARK MATYCHUK Date of Receipt Mailing Address 13312 PENN AVE S 2015 31 City Zip Code State Transaction ID: SA11AI.4203 MN **BURNSVILLE** 55337 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 400.00 Name of Employer Occupation BETHESDA CHURCH **PASTOR** Receipt For: 2015 Election Cycle-to-Date | Y Primary General 400.00 Other (specify) 1400.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) 11a 11b 11c

9 OF

31

for each category of the 11d Detailed Summary Page 12 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) MARION MOORE Date of Receipt Mailing Address 8201 COUNTY ROAD 108C 2015 21 City State Zip Code Transaction ID: SA11AI.5133 TX 76009 **ALVARADO** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 350.00 Name of Employer Occupation **RETIRED** RETIRED Receipt For: 2016 Election Cycle-to-Date | Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) CHARLES MYHRA Date of Receipt Mailing Address 13220 ELM LANE 07 2015 Citv State Zip Code Transaction ID: SA11AI.4129 BURNSVILLE MN 55337 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 404.46 Name of Employer Occupation FINANCIAL ANALYST In-kind - WEB DOMAIN NAMES TCF BANK Receipt For: 2016 Election Cycle-to-Date | Primary General 404.46 Other (specify) Full Name (Last, First, Middle Initial) CHARLES MYHRA Date of Receipt Mailing Address 13220 ELM LANE 2015 11 City Zip Code State Transaction ID: SA11AI.4153 MN BURNSVILLE 55337 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 20.00 Name of Employer Occupation TCF BANK FINANCIAL ANALYST Receipt For: 2016 Election Cycle-to-Date Primary General 424.46 Other (specify) 774.46 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 10 OF 31 Use separate schedule(s) (check only one) for each category of the 11a 11d 11b 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **CHARLES MYHRA** Date of Receipt Mailing Address 13220 ELM LANE 10 2015 21 City State Zip Code Transaction ID: SA11AI.4173 MN 55337 **BURNSVILLE** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 5.00 Name of Employer Occupation TCF BANK FINANCIAL ANALYST Receipt For: 2016 Election Cycle-to-Date | Primary General 429.46 Other (specify) Full Name (Last, First, Middle Initial) CHARLES MYHRA Date of Receipt Mailing Address 13220 ELM LANE 10 21 2015 Citv State Zip Code Transaction ID: SA11AI.5634 BURNSVILLE MN 55337 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1900.00 Name of Employer Occupation FINANCIAL ANALYST TCF BANK Receipt For: 2016 Election Cycle-to-Date | Primary General 2329.46 Other (specify) Full Name (Last, First, Middle Initial) CHARLES MYHRA Date of Receipt Mailing Address 13220 ELM LANE 2015 29 City Zip Code State Transaction ID: SA11AI.4196 MN BURNSVILLE 55337 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 64.00 Name of Employer Occupation TCF BANK FINANCIAL ANALYST In-kind - Mailing List Receipt For: 2015 Election Cycle-to-Date Primary General 2393.46 Other (specify) 1969.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 11 OF 31 Use separate schedule(s) (check only one) for each category of the  $X|_{11a}$ 11b 11d 11c Detailed Summary Page 12 13a 13b 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **CHARLES MYHRA** Date of Receipt Mailing Address 13220 ELM LANE 2015 31 City State Zip Code Transaction ID: SA11AI.4205 MN 55337 **BURNSVILLE** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 56.43 Name of Employer Occupation In-kind - OFFICE SUPPLIES TCF BANK FINANCIAL ANALYST Receipt For: 2016 Election Cycle-to-Date | Primary General 2449.89 Other (specify) Full Name (Last, First, Middle Initial) CHARLES MYHRA Date of Receipt Mailing Address 13220 ELM LANE 13 2015 Citv State Zip Code Transaction ID: SA11AI.4268 BURNSVILLE MN 55337 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 46.91 Name of Employer Occupation FINANCIAL ANALYST In-kind - FOOD FOR MEETING TCF BANK Receipt For: 2016 Election Cycle-to-Date | Primary General 2496.80 Other (specify) Full Name (Last, First, Middle Initial) CHARLES MYHRA Date of Receipt Mailing Address 13220 ELM LANE 2015 16 City State Zip Code Transaction ID: SA11AI.4269 MN BURNSVILLE 55337 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 36.00 Name of Employer Occupation TCF BANK FINANCIAL ANALYST In-kind - FOOD FOR MEETING Receipt For: 2016 Election Cycle-to-Date Primary General 2532.80 Other (specify) 139.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Other (specify)

### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 12 OF 31 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **CHARLES MYHRA** Date of Receipt Mailing Address 13220 ELM LANE 2015 29 City State Zip Code Transaction ID: SA11AI.5562 MN 55337 **BURNSVILLE** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 167.20 Name of Employer Occupation TCF BANK FINANCIAL ANALYST Receipt For: 2016 Election Cycle-to-Date Primary General 2700.00 Other (specify) Full Name (Last, First, Middle Initial) KRISTIN MYHRA Date of Receipt Mailing Address 250 CARLSON PKWY 10 04 2015 **APT 212** Citv State Zip Code Transaction ID: SA11AI.4102 **MINNETONKA** MN 55305 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation IT RISK & CONTROL ADVISOR TCF BANK Receipt For: 2016 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) KRISTIN MYHRA Date of Receipt Mailing Address 250 CARLSON PKWY 2015 12 14 APT 212 City Zip Code State Transaction ID: SA11AI.4306 MN **MINNETONKA** 55305 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation TCF BANK IT RISK & CONTROL ADVISOR Receipt For: 2016 Election Cycle-to-Date | Y Primary General

750.00

HENNEPIN COUNTY MEDICAL CENTER

Receipt For: 2016

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) **GRETCHEN OTTERBLAD** Date of Receipt Mailing Address 4200 HOWARD AVE 2015 19 City State Zip Code Transaction ID: SA11AI.5582 IL 60558 WESTERN SPRINGS FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation INGREDION, INC **ACCOUNTANT** Receipt For: 2016 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **DENNIS POWELL** Date of Receipt Mailing Address 119 BURNSVILLE S 10 29 2015 City State Zip Code Transaction ID: SA11AI.4194 BURNSVILLE MN 55337 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation

Receipt For: 2016  Primary General  Other (specify)	Election Cycle-to-Date 250.00	
Full Name (Last, First, Middle Initial)  Mailing Address  City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	, , , , , , , , , , , , , , , , , , , ,
	1	500.00

**PARAMEDIC** 

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

12150.00

HOMEMAKER

Primary

Receipt For: 2016

Other (specify)

General

lm	age# 201601319005287311			
	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 31 (check only one)  11a
	ny information copied from such Reports and St for commercial purposes, other than using the			
$\rangle$	NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS	, INC		
Δ	Full Name (Last, First, Middle Initial) PAMELA J MYHRA			Date of Receipt
٦.	Mailing Address P.O. BOX 3113			12 03 _ 2015 _
	City BURNSVILLE	State MN	Zip Code 55337	Transaction ID : SA11D.5550
	FEC ID number of contributing federal political committee.	C H6	MN02156	Amount of Each Receipt this Period
	Name of Employer HOMEMAKER	Occupation CPA	1	In-kind - 36 HATS
	Receipt For: 2016  Primary General Other (specify)	Election C	ycle-to-Date 180.00	
_	Full Name (Last, First, Middle Initial) PAMELA J MYHRA			Date of Receipt
٠.	Mailing Address P.O. BOX 3113			12 12 2015
	City BURNSVILLE	State MN	Zip Code 55337	Transaction ID : SA11D.5639
	FEC ID number of contributing federal political committee.	C H61	MN02156	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	21.52
	HOMEMAKER	СРА		In-kind - TRAVEL INSURANCE
	Receipt For: 2016  Primary General  Other (specify)	Election C	ycle-to-Date 201.52	
_	Full Name (Last, First, Middle Initial) PAMELA J MYHRA			Date of Receipt
٠.	Mailing Address P.O. BOX 3113			12 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BURNSVILLE	State MN	Zip Code 55337	Transaction ID : SA11D.5641
	FEC ID number of contributing federal political committee.	С не	MN02156	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	17.00

Election Cycle-to-Date

218.52

CPA

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

218.52

In-kind - TRÁVEL INSURÁNCE

	F	OR LINE	NU	MBER:		PAGE	. 1	15 OF		31
Use separate schedule(s) for each category of the Detailed Summary Page	(c	(check only one)								
		11a		11b		11c	X	11d		
		12		13a		13b		14		15
not be sold or used by any person for the purpose of soliciting contributions										

	d Statements may not be sold or used by any petthe name and address of any political committee	
NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRES	SS, INC	
Full Name (Last, First, Middle Initial) PAMELA J MYHRA  Mailing Address P.O. BOX 3113		Date of Receipt
City BURNSVILLE	State Zip Code MN 55337	12 12 2015 Transaction ID : SA11D.5643
FEC ID number of contributing federal political committee.	C H6MN02156	Amount of Each Receipt this Period
Name of Employer HOMEMAKER Receipt For: 2016 Primary General	Occupation CPA  Election Cycle-to-Date  229.72	In-kind - AIRFARE
Full Name (Last, First, Middle Initial) PAMELA J MYHRA  Mailing Address P.O. BOX 3113	, , , , , , , , , , , , , , , , , , , ,	Date of Receipt  12 12 2015
City BURNSVILLE FEC ID number of contributing	State Zip Code MN 55337  C H6MN02156	Transaction ID : SA11D.5655  Amount of Each Receipt this Period
Name of Employer  HOMEMAKER  Receipt For: 2016  Primary General  Other (specify)	Occupation CPA  Election Cycle-to-Date  588.42	358.70 In-kind - AIRLINE TICKET
Full Name (Last, First, Middle Initial) PAMELA J MYHRA  Mailing Address P.O. BOX 3113  City BURNSVILLE	State Zip Code MN 55337	Date of Receipt  12
FEC ID number of contributing federal political committee.  Name of Employer HOMEMAKER Receipt For: 2016  Primary General Other (specify)	C H6MN02156  Occupation CPA  Election Cycle-to-Date	Amount of Each Receipt this Period  15.00  In-kind - FOOD FOR EVENT
SUBTOTAL of Receipts This Page (optional).		384.90
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER: PAGE 16 OF 31								
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)								
	11a 11b 11c X 11d								
	12 13a 13b 14 15								
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.									

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad-NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) PAMELA J MYHRA Date of Receipt Mailing Address P.O. BOX 3113 2015 16 City State Zip Code Transaction ID: SA11D.5649 MN 55337 **BURNSVILLE** FEC ID number of contributing Amount of Each Receipt this Period H6MN02156 federal political committee. 23.00 Name of Employer Occupation In-kind - FOOD FOR EVENT **HOMEMAKER** CPA Receipt For: 2016 Election Cycle-to-Date | Primary General 611.42 Other (specify) Full Name (Last, First, Middle Initial) PAMELA J MYHRA Date of Receipt Mailing Address P.O. BOX 3113 17 2015 Citv State Zip Code Transaction ID: SA11D.5645 BURNSVILLE MN 55337 FEC ID number of contributing C H6MN02156 Amount of Each Receipt this Period federal political committee. 8.56 Name of Employer Occupation CPA In-kind - OFFICE SUPPLIES **HOMEMAKER** Receipt For: 2016 Election Cycle-to-Date Primary General 670.98 Other (specify) Full Name (Last, First, Middle Initial) PAMELA J MYHRA Date of Receipt Mailing Address P.O. BOX 3113 2015 12 17 City Zip Code State Transaction ID: SA11D.5648 MN **BURNSVILLE** 55337 FEC ID number of contributing С H6MN02156 Amount of Each Receipt this Period federal political committee. 36.00 Name of Employer Occupation **HOMEMAKER** CPA In-kind - FOOD FOR EVENT Receipt For: 2016 Election Cycle-to-Date Primary General 662.42 Other (specify) 67.56 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR	LINE	VU	MBER:		PAGE		17	OF	31
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page		11a		11b		11c	X	11	d	
		12		13a		13b		14		15
not be cold or used by any paragraph for the numbers of colicities contributions										

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) PAMELA J MYHRA Date of Receipt Mailing Address P.O. BOX 3113 2015 19 City State Zip Code Transaction ID: SA11D.5646 MN 55337 **BURNSVILLE** FEC ID number of contributing Amount of Each Receipt this Period H6MN02156 federal political committee. 67.00 Name of Employer Occupation In-kind - FOOD FOR EVENT **HOMEMAKER** CPA Receipt For: 2016 Election Cycle-to-Date | Primary General 737.98 Other (specify) Full Name (Last, First, Middle Initial) PAMELA J MYHRA Date of Receipt Mailing Address P.O. BOX 3113 29 2015 Citv State Zip Code Transaction ID: SA11D.5560 BURNSVILLE MN 55337 FEC ID number of contributing C Amount of Each Receipt this Period H6MN02156 federal political committee. 1000.00 Name of Employer Occupation CPA In-kind - CONSULTING **HOMEMAKER** Receipt For: 2016 Election Cycle-to-Date | Primary General 1737.98 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 1067.00 SUBTOTAL of Receipts This Page (optional)..... 1737.98 TOTAL This Period (last page this line number only).....

**PAGE** 18 31 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement CAPITOL CAGING CORPORATION 2015 Mailing Address 504 SHAW RD 12 01 SUITE 217 City State Zip Code Amount of Each Disbursement this Period VA **STERLING** 20166 Purpose of Disbursement 749.00 PO BOX FEE 001 Transaction ID: SB17.4476 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) DIRECT SUPPORT SERVICES Date of Disbursement Mailing Address 1155 15TH ST NW 12 10 2015 City State Zip Code Amount of Each Disbursement this Period WASHINGTON DC 20005 Purpose of Disbursement DIRECT MAIL EXPENSE 7930.43 003 Transaction ID: SB17.4759 Candidate Name Category/ Type

Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. FIRST VIRGINIA COMMUNITY BANK Mailing Address 11325 RANDOM HILLS RD 12 23 2015 City Zip Code State Amount of Each Disbursement this Period **FAIRFAX** VA 22030 Purpose of Disbursement 199.00 BANK SERVICE CHARGE 001 Transaction ID : SB17.5002 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District:

General

Disbursement For:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Primary

2016

Office Sought:

House

Senate

8878.43

	FOR LINE	PAGE	19	OF	31		
Use separate schedule(s)	(check on	ly one)					
for each category of the Detailed Summary Page	X	17	18		19a		19k
		20a	20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement FLAVOR @ THE DEPOT 2015 Mailing Address 4800 W 123RD ST 10 13 City State Zip Code Amount of Each Disbursement this Period MN SAVAGE 55378 Purpose of Disbursement 212.68 BAKERY ITEMS FOR EVENT 007 Transaction ID: SB17.4122 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) MARJORIE J HOLSTEN, ATTORNEY AT LAW Date of Disbursement Mailing Address 9601 ANNAPOLIS LANE N 27 2015 11 City State Zip Code Amount of Each Disbursement this Period MN MAPLE GROVE 55369 Purpose of Disbursement LEGAL FEES 430.50 001 Transaction ID: SB17.4277 Candidate Name Category/ Type Disbursement For: Office Sought: House 2016 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. CHARLES MYHRA Mailing Address 13220 ELM LANE 10 07 2015 City State Zip Code Amount of Each Disbursement this Period **BURNSVILLE** MN 55337 404.46 Purpose of Disbursement In-kind - WEB DOMAIN NAMES 001 Transaction ID : SB17.4132 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 1047.64 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

**PAGE** 20 31 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement CHARLES MYHRA 2015 Mailing Address 13220 ELM LANE 10 24 City State Zip Code Amount of Each Disbursement this Period MN BURNSVILLE 55337 Purpose of Disbursement 99.00 REIMBURSEMENT FOR APPLE STORE 001 Transaction ID: SB17.4144 Candidate Name Category/ Type [MEMO ITEM] Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) CHARLES MYHRA Date of Disbursement Mailing Address 13220 ELM LANE 10 29 2015 City State Zip Code Amount of Each Disbursement this Period MN **BURNSVILLE** 55337 Purpose of Disbursement In-kind - Mailing List 64.00 003 Transaction ID: SB17.4198 Candidate Name Category/ Type Disbursement For: Office Sought: House 2015 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. CHARLES MYHRA Mailing Address 13220 ELM LANE 10 2015 31 City State Zip Code Amount of Each Disbursement this Period **BURNSVILLE** MN 55337 56.43 Purpose of Disbursement In-kind - OFFICE SUPPLIES 001 Transaction ID : SB17.4207 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 120.43 SUBTOTAL of Disbursements This Page (optional).....

	Detailed Summary	/ rage		20a	20b	20c	21
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a				the purpo	ose of solici	ting contribu	utions
NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC	,						
Full Name (Last, First, Middle Initial)  A. CHARLES MYHRA  Mailing Address 13220 ELM LANE			Date		rsement	2015	
City State BURNSVILLE MN  Purpose of Disbursement REIMBURSEMENT FOR GODADDY  Candidate Name	55337	Category/ Type	Transa	. ,	: SB17.4272	ement this P 193.3	
Office Sought:    House   Disbursement							
CHARLES MYHRA  Mailing Address 13220 ELM LANE			Date M 1			y y y y 2015	Y
City State BURNSVILLE MN  Purpose of Disbursement In-kind - FOOD FOR MEETING  Candidate Name  Office Sought: House Disbursement	55337	001 Category/ Type		. ,	ch Disburse		-
State: Senate President Other  State: District:  Full Name (Last, First, Middle Initial)	nary General er (specify)						
CHARLES MYHRA  Mailing Address 13220 ELM LANE				of Disbu		2015	
City State BURNSVILLE MN  Purpose of Disbursement In-kind - FOOD FOR MEETING  Candidate Name  Office Sought: House Senate President President State: District:		001 Category/ Type		. ,	ch Disburse	ement this P	-
SUBTOTAL of Disbursements This Page (optional)			Ę		: : :	82.9	91

PAGE 22 31 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement CHARLES MYHRA 2015 Mailing Address 13220 ELM LANE 17 City State Zip Code Amount of Each Disbursement this Period MN BURNSVILLE 55337 Purpose of Disbursement 54.76 REIMBURSEMENT FOR VERIZON Transaction ID: SB17.4275 Candidate Name Category/ Type [MEMO ITEM] Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) CHARLES MYHRA Date of Disbursement Mailing Address 13220 ELM LANE 12 10 2015 City State Zip Code Amount of Each Disbursement this Period MN **BURNSVILLE** 55337 Purpose of Disbursement REIMBURSEMENT FOR POSTAGE 70.56 001 Transaction ID: SB17.5565 Candidate Name Category/ [MEMO ITEM] Type Disbursement For: Office Sought: House 2016 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. CHARLES MYHRA Mailing Address 13220 ELM LANE 26 2015 12 City State Zip Code Amount of Each Disbursement this Period **BURNSVILLE** MN 55337 50.06 Purpose of Disbursement REIMBURSE CELL PHONE 001 Transaction ID : SB17.5569 Candidate Name Category/ Type [MEMO ITEM] Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 0.00 SUBTOTAL of Disbursements This Page (optional).....

		Detailed Summar	y Page	20a 20b 20c 21
				rson for the purpose of soliciting contributions to solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRES	SS, INC		
Α.	Full Name (Last, First, Middle Initial) PAMELA J MYHRA  Mailing Address P.O. BOX 3113  City BURNSVILLE Purpose of Disbursement REIMBURSEMENT FOR POST OFFICE BO  Candidate Name  Office Sought: House Senate President	bursement For: 2016  X Primary General	001 Category/ Type	Date of Disbursement  10 05 2015  Amount of Each Disbursement this Period  33.00  Transaction ID: SB17.4121  [MEMO ITEM]
3.	State: MN District: 02  Full Name (Last, First, Middle Initial)  PAMELA J MYHRA  Mailing Address P.O. BOX 3113	Other (specify)		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BURNSVILLE Purpose of Disbursement REIMBURSEMENT FOR BAKERY ITEMS For Candidate Name  Office Sought:    House   Distinct     Senate   President     State: MN District: 02	State Zip Code MN 55337  OR EVENT  bursement For: 2016  Primary General Other (specify)	007 Category/ Type	Amount of Each Disbursement this Period  212.68  Transaction ID : SB17.4124  [MEMO ITEM]
Э.	Full Name (Last, First, Middle Initial) PAMELA J MYHRA  Mailing Address P.O. BOX 3113			Date of Disbursement  M M / D D / Y Y Y Y Y Y 10 10 13 2015
	City BURNSVILLE Purpose of Disbursement REIMBURSEMENT FOR TELEPHONE  Candidate Name  Office Sought:    House   Dist	State Zip Code MN 55337  bursement For: 2016  Primary General Other (specify)	001 Category/ Type	Amount of Each Disbursement this Period  110.86  Transaction ID : SB17.4127  [MEMO ITEM]
SI	JBTOTAL of Disbursements This Page (option	onal)		0.00

PAGE 24 31 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c

21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC Full Name (Last, First, Middle Initial) Date of Disbursement PAMELA J MYHRA 2015 Mailing Address P.O. BOX 3113 12 12 City State Zip Code Amount of Each Disbursement this Period MN BURNSVILLE 55337 Purpose of Disbursement 21.52 In-kind - TRAVEL INSURANCE 002 Transaction ID: SB17.5640 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General President Other (specify) MN State: District: Full Name (Last, First, Middle Initial) PAMELA J MYHRA Date of Disbursement Mailing Address P.O. BOX 3113 12 12 2015 City State Zip Code Amount of Each Disbursement this Period MN **BURNSVILLE** 55337 17.00 Purpose of Disbursement In-kind - TRAVEL INSURANCE 002 Transaction ID: SB17.5642 Candidate Name Category/ Type Disbursement For: Office Sought: 2016 House Senate Primary General Other (specify) President State: District:

Full Name (Last, First, Middle Initial)

#### C. PAMELA J MYHRA

Mailing Address P.O. BOX 3113

President

City State Zip Code **BURNSVILLE** MN 55337 Purpose of Disbursement In-kind - AIRFARE 002 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate

Primary General Other (specify)

Date of Disbursement

12

2015

11.20

Amount of Each Disbursement this Period

Transaction ID : SB17.5644

State: MN District: 02											
	Т	_	7	_	7	_	_	_	_	49.72	,
SUBTOTAL of Disbursements This Page (optional)		-	-	j	-	_	-	-	-	10.72	
	- [										
TOTAL This Period (last page this line number only)		-	-	-5	-	-	-5	_			

			20a     20b     20c     21
	r information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any political purposes.		son for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC		
<b>4.</b> _	Full Name (Last, First, Middle Initial) PAMELA J MYHRA  Mailing Address P.O. BOX 3113		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
E	City State Zip Code BURNSVILLE MN 55337 Purpose of Disbursement		Amount of Each Disbursement this Period
_	In-kind - AIRLINE TICKET  Candidate Name	002 Category/ Type	Transaction ID : SB17.5656
	Office Sought:    House   Disbursement For: 2016	1 .762	
3.	Full Name (Last, First, Middle Initial) PAMELA J MYHRA		Date of Disbursement
₹ 7 7	Mailing Address P.O. BOX 3113  City State Zip Code BURNSVILLE MN 55337  Purpose of Disbursement In-kind - FOOD FOR EVENT  Candidate Name  Office Sought: House Senate President President Other (specify)  State: MN District: 02  Full Name (Last, First, Middle Initial)	007 Category/ Type	Amount of Each Disbursement this Period  23.00  Transaction ID: SB17.5650
c.	PAMELA J MYHRA  Mailing Address P.O. BOX 3113		Date of Disbursement  M M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Ē	City State Zip Code BURNSVILLE MN 55337  Purpose of Disbursement In-kind - FOOD FOR EVENT  Candidate Name  Office Sought: House Senate Disbursement For: 2016    Primary General   Primary Gener	007 Category/ Type	Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.5652
	President Other (specify)  State: MN District: 02  URTOTAL of Disburgements This Page (optional)		396.70
	DTAL This Period (last page this line number only)		

_							
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
$\rangle$	NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC						
۹.	Full Name (Last, First, Middle Initial) PAMELA J MYHRA  Mailing Address P.O. BOX 3113		Date of Disbursement    M				
	Candidate Name  Office Sought:    House   Disbursement For: 2016   Primary   General   Other (specify)	007 tegory/ Type	Amount of Each Disbursement this Period  36.00  Transaction ID: SB17.5651				
3.	Full Name (Last, First, Middle Initial) PAMELA J MYHRA  Mailing Address P.O. BOX 3113		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Candidate Name  Office Sought:  Senate President  State: MN District: 02  Disbursement For: 2016  Primary Other (specify)	001 tegory/ Type	Amount of Each Disbursement this Period  8.56  Transaction ID: SB17.5654				
Э.	Full Name (Last, First, Middle Initial)  PAMELA J MYHRA  Mailing Address P.O. BOX 3113  City State Zip Code		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	BURNSVILLE MN 55337  Purpose of Disbursement In-kind - FOOD FOR EVENT  Candidate Name  Cat  Office Sought: House Senate Disbursement For: 2016  Reprinary General	007 tegory/ Type	67.00  Transaction ID : SB17.5653				
	State: MN District: 02  UBTOTAL of Disbursements This Page (optional)  OTAL This Period (last page this line number only)		111.56				
T	OTAL This Period (last page this line number only)						

	FOR LINE	NUMBE	R:	F	AGE	27	OF	31
Use separate schedule(s)	(check on	ly one)						
for each category of the Detailed Summary Page	X	17		18		19a		19k
Detailed Suffillary Fage		20a		20b		20c		21

TEMIZED DIODOTIOEMENTO	Detailed Summar	y Page	20a 20b 20c 21
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) PAM MYHRA FOR CONGRESS, INC	;		
Full Name (Last, First, Middle Initial)  PAMELA J MYHRA  Mailing Address P.O. BOX 3113  City State BURNSVILLE MN  Purpose of Disbursement In-kind - CONSULTING  Candidate Name  Office Sought: House Senate President State: MN District: 02	55337 For: 2016	001 Category/ Type	Date of Disbursement    M
State: District:	55417 For: 2016	001 Category/ Type	Date of Disbursement  M M / D D / Y Y Y Y  10
Full Name (Last, First, Middle Initial)  REPUBLICAN PARTY OF MINNESO  Mailing Address 2200 E FRANKLIN AVE #201  City State MINNEAPOLIS MN  Purpose of Disbursement PRESENTATION TABLE AT EVENT  Candidate Name  Office Sought: House Disbursement President Senate President State: District:	Zip Code 55405 For: 2016	011 Category/ Type	Date of Disbursement  M M / D D / Y Y Y Y  12
SUBTOTAL of Disbursements This Page (optional)			3389.27

31 PAGE 28 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

NAME OF COMMITTEE (in Full) PAM MYHRA FOR CONGRESS, INC  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Transaction ID: SB17.5597  Amount of Each Disbursement this Period  Transaction ID: SB17.5597  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: SB17.5597		not be sold or used by any person for the purpose of soliciting contributions less of any political committee to solicit contributions from such committee.
Date of Disbursement   Disbursemen		
Mailing Address 2200 E FRANKLIN AVE #201  City State Zip Code Min 55425  Candidate Name  Office Sought: House Senate President State: Disbursement For: 2016  BLOOMINGTON Min 55425  Candidate Name  Office Sought: House Senate President State: Disbursement For: 2016  Candidate Name  Category/ Type  Disbursement Totter (specify)  Date of Disbursement Ithis Period Transaction ID : SB17.5597  Date of Disbursement Ithis Period Transaction ID : SB17.5597  Date of Disbursement Ithis Period Transaction ID : SB17.5597  Date of Disbursement Ithis Period Transaction ID : SB17.5579  Date of Disbursement Ithis Period Transaction ID : SB17.5570  Date of Disbursement Ithis Period Transacti	,	
MINLEAPOLIS Purpose of Disbursement DUES  Gandidate Name  Office Sought: House Senate President State: Disbursement For: 2016 State Zip Code BLOOMINGTON MN 55425  Candidate Name  Office Sought: House Senate President Senate President Senate President Senate Disbursement For: 2016 Senate President Senate President Senate Primary General Other (specify)  Date of Disbursement this Period Transaction ID : SB17.5570  Transaction ID : SB17.5570  Amount of Each Disbursement this Period Transaction ID : SB17.5570  Transaction ID : SB17.5570  Amount of Each Disbursement this Period Transaction ID : SB17.5570  Transaction ID : SB17.5570  Amount of Each Disbursement this Period Transaction ID : SB17.5570	Mailing Address 2200 E FRANKLIN AVE #201	
Purpose of Disbursement DUES  Candidate Name  Office Sought:	•	
Category/Type  Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)  Mailing Address Category/Type  Date of Disbursement  Date of Disbursement bis Period  Transaction ID: SB17.5570  Date of Disbursement Interpretation  Date of Disbursement  Dat		250.00
Office Sought:	Candidate Name	Category/
Full Name (Last, First, Middle Initial)  VERIZON  Mailing Address 264 E BROADWAY  City	Senate Primary President Other (spec	016 General
Mailing Address 264 E BROADWAY  City State Zip Code BLOMINGTON MN 55425  Purpose of Disbursement CELL PHONE SERVICE  Candidate Name  Office Sought: House Prisident State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement For: 2016  State: District: 300.06		
Mailing Address 264 E BROADWAY  City State Zip Code BLOOMINGTON MN 55425  Purpose of Disbursement CELL PhONE SERVICE  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  City State Zip Code  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Primary General Other (specify)  State: District: Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Primary General Other (specify)  State: District: 300.06	B. VERIZON	
BLOOMINGTON MN 55425  Purpose of Disbursement CELL PHONE SERVICE  Candidate Name  Office Sought: House Senate President Senate Primary General Processory  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate President Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Disbursement For: 2016  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Office Sought: Senate Primary General Office Sought: Senate Disbursement For: Senate Primary General Office Sought: Senate Disbursement For: Senate Primary General Office Sought: State: District: Senate Office Sought: Sen	Mailing Address 264 E BROADWAY	
CELL PHONE SERVICE  Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Primary General Other (specify)  Date of Disbursement  Amount of Each Disbursement this Period  Office Sought: House Senate Primary General Other (specify)  State: District:  Substotal of Disbursements This Page (optional)	BLOOMINGTON MN	Amount of Each Disbursement this Period
Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: General Primary General Category/ Type  Office Sought: House Disbursement For: General Other (specify)  State: District: 300.06	Purpose of Disbursement CELL PHONE SERVICE	001
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Substortal of Disbursements This Page (optional)		Туре
Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Primary General President Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	Senate Primary  President Other (spec	General
Mailing Address  City State Zip Code  Amount of Each Disbursement this Period  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify)  State: District:  Substruct  Substruct  300.06		
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Subtrotal of Disbursements This Page (optional)	C.	
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Subtotal of Disbursements This Page (optional)	Mailing Address	M " M / D D / Y " Y " Y
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Substitute: A Substitute Substit	City State Zip Co	Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Senate Primary General President Other (specify)  State: District:  Substitute: Substitute: 300.06	Purpose of Disbursement	
State: Primary General Other (specify)  State: District: General Other (specify)  SUBTOTAL of Disbursements This Page (optional)	Candidate Name	Category/ Type
SUBTOTAL of Disbursements This Page (optional)	Senate Primary President Other (spec	
SUBTOTAL of Disbursements This Page (optional)	State: District:	
	SURTOTAL of Dishursements This Page (antional)	300.06
14076.70	GODITINE OF DISDUISMINENTS THIS Page (Optional)	14376.72

### SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 29 OF
FOR LINE NUMBER:
(check only one)

:		
		9
	X	10

31

NAME OF COMMITTEE (In Full)

DANAMAVUDA FOD CONCDESS INC

PAM MYHRA FOR COI	NGRESS, INC	
A. Full Name (Last, First, Middle Initial) of Debtor CONSOLIDATED MAILING SER		Nature of Debt (Purpose): DIRECT MAIL SERVICE
Mailing Address 504 SHAW RD SUITE 206		
City State	Zip Code	
STERLING	VA 20166	
Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.5622
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
		, , , , , , , , , , , , , , , , , , ,
11331.85	0.00	11331.85
B. Full Name (Last, First, Middle Initial) of Debtor DIRECT SUPPORT SYSTEMS, I		Nature of Debt (Purpose): LIST RENTAL
Mailing Address 4095 RIVER FORTH DR		
City State	Zip Code	
FAIRFAX	VA 22030	
Outstanding Balance Beginning This Period  0.00		Transaction ID : SD10.5623
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1689.76	0.00	1689.76
C. Full Name (Last, First, Middle Initial) of Debtor DONOR PRECISION, LLC	or Creditor	Nature of Debt (Purpose): LIST RENTAL
Mailing Address 1900 N CULPEPPER ST		
City	State Zip Code	
ARLINGTON	VA 22207	
Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.5625
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
463.20	0.00	463.20
1) SUBTOTALS This Period This Page (optional)	· · · · · · · · · · · · · · · · · · ·	13484.81
2) TOTALS This Period (last page this line number of	only)	
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	

### SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 30 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

31

NAME OF COMMITTEE (In Full)

PAM MYHRA FOR CC	INGRESS, INC	
A. Full Name (Last, First, Middle Initial) of Debt FORTHRIGHT STRATEGY	or or Creditor	Nature of Debt (Purpose): FUNDRAISING CONSULTING
Mailing Address 1155 15TH ST NW SUITE 410		_
City State	Zip Code	
WASHINGTON	DC 20005	
Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period	Payment This Period	Transaction ID : SD10.5627  Outstanding Balance at Close of This Period
2678.22	0.00	2678.22
B. Full Name (Last, First, Middle Initial) of Debto GREENER AND HOOK LLC  Mailing Address 1271 MOUNTAIN RD	or or Creditor	Nature of Debt (Purpose): TRAVEL
City State	Zip Code	-
FRONT ROYAL	VA 22630	
Outstanding Balance Beginning This Period  0.00  Amount Incurred This Period  1682.25	Payment This Period 0.00	Transaction ID: SD10.5598  Outstanding Balance at Close of This Period  1682.25
C. Full Name (Last, First, Middle Initial) of Debt P2B STRATEGIES, INC	or or Creditor	Nature of Debt (Purpose): PRINTING
Mailing Address 4750 E 53RD ST		
SUITE 206 City	State Zip Code	-
MINNEAPOLIS	MN 55417	
Outstanding Balance Beginning This Period  0.00		Transaction ID : SD10.5600
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2442.14	0.00	2442.14
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	6802.61
2) TOTALS This Period (last page this line numbe	r only)	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)	

## SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 31 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

31

NAME OF COMMITTEE (In Full)

PAM MYHRA FOR CO	ONGRESS, INC	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SIMKINS ESCROW, LLC		Nature of Debt (Purpose): CREDIT CARD PROCESSING FEES
Mailing Address 29243 ST JUST DR		
City State UNIONVILLE	Zip Code VA 22567	
Outstanding Balance Beginning This Period		Transaction ID : SD10.5629
0.00  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
90.15	0.00	90.15
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (optional)		90.15
2) TOTALS This Period (last page this line number only)		20377.57
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		20377.57